

VACCINES FOR CHILDREN (VFC) PROGRAM – 2003 PROVIDER SATISFACTION SURVEY

| | |
|----------------------|----------------------|
| PROVIDER NAME: _____ | PIN (6-Digit): _____ |
|----------------------|----------------------|

PRACTICE SPECIALTY: ☐ Pediatrics ☐ Family Practice ☐ Internal Medicine ☐ Other (Please Specify): _____

TYPE OF PRACTICE (Please check the box that best represents your practice/facility):

☐ Private Practice ☐ Private Hospital ☐ Nonprofit Community Health Center ☐ Other (Please Specify): _____

MAILING ADDRESS: _____

| | | |
|-------------|---------------|-----------------|
| CITY: _____ | COUNTY: _____ | ZIP CODE: _____ |
|-------------|---------------|-----------------|

| | |
|------------------------------------|--------------|
| PERSON COMPLETING THIS FORM: _____ | TITLE: _____ |
|------------------------------------|--------------|

☐ MD ☐ RN/LVN ☐ MA ☐ Other (Specify): _____

| | | |
|-------------------------|-------------------|-----------------------|
| TELEPHONE: () _____ | FAX: () _____ | E-MAIL ADDRESS: _____ |
|-------------------------|-------------------|-----------------------|

HOW WOULD YOU RATE THE FOLLOWING ITEMS BASED ON YOUR EXPERIENCES IN THE PAST 12 MONTHS? (Please choose the answer that reflects how strongly you agree or disagree with the following statements.)

GENERAL INFORMATION

Strongly Agree Agree Not Sure Disagree Strongly Disagree

| | | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Overall, I am satisfied with the VFC Program. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | I would recommend the VFC Program to my colleagues. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | The VFC Program keeps me up-to-date regarding Program changes and requirements, the availability of vaccines, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | The availability of free VFC vaccine has increased the number of children vaccinated in our practice/facility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | The VFC Program has decreased the number of persons our practice/facility refers to public clinics for vaccinations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | The VFC Program's <u>revised</u> Program Operations Guide (March 2003 edition) is useful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WE WANT TO KNOW WHAT YOU THINK ABOUT SPECIFIC ASPECTS OF THE VFC PROGRAM. (Please choose the answer that reflects how strongly you agree or disagree with the following statements.)

VFC REQUIREMENTS

Strongly Agree Agree Not Sure Disagree Strongly Disagree

| | | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. | Documenting the eligibility of a child for VFC vaccine is simple. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | The required annual VFC recertification process certification (i.e., submission of Enrollment, Profile, and Profile-Supplemental forms) is straightforward. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HOW WOULD YOU RATE THE FOLLOWING ITEMS BASED ON YOUR EXPERIENCES IN THE PAST 12 MONTHS? (Please choose the answer that reflects how strongly you agree or disagree with the following statements, or mark "N/A" if an item is not applicable to your practice/facility.)

TELEPHONE CUSTOMER SERVICE

Strongly Agree Agree Not Sure Disagree Strongly Disagree N/A

| | | | | | | | |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. | It was easy to reach a VFC Customer Service Representative on the phone. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | It was easy to navigate the VFC Program's 800 number telephone menu system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | The VFC Customer Service Representative was knowledgeable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | The VFC Customer Service Representative solved my problem to my satisfaction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | The process of arranging a transfer of VFC vaccines from my practice/facility was straightforward. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Using the VFC Program's 800 number for faxing in materials (vaccine orders, recertification forms, etc.) was easy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | How long do you usually wait before VFC Customer Service Representatives return the messages you leave on voicemail? | | | | | | |
| | <input type="checkbox"/> Same day <input type="checkbox"/> Next Day <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> 4 Days <input type="checkbox"/> >4 Days <input type="checkbox"/> My calls are rarely or never returned | | | | | | |

(continued)

VACCINE ORDERING

HOW SATISFIED WERE YOU WITH THE FOLLOWING ITEMS, BASED ON YOUR EXPERIENCES IN THE **PAST 12 MONTHS**?

| | Very Satisfied | Satisfied | Not Sure | Dissatisfied | Very Dissatisfied | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. The ease of ordering VFC vaccine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The brand of vaccine you received. <u>(If you received a brand other than what you ordered)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. The amount of time it takes the VFC Program to fill your VFC vaccine orders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. During the <u>past 12 months</u> , how many times did you have any of the following problems with your VFC vaccine shipments? | | 0 Times | 1-2 Times | 3-4 Times | 5 times or more | Don't Know |
| 18a. The vaccines were received non-usable (e.g., too warm, frozen, etc.). | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18b. The VFC Program did not notify me regarding significant changes made to my vaccine order. | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18c. Other (Please specify): _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

QUALITY ASSURANCE SITE VISITS

19. During the **past two years**, did a VFC Field Representative conduct a Quality Assurance Site Visit at your practice/facility?

☐ No (If no, please skip to question 20.)

☐ Yes (If yes, please continue to question 19a.)

| | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 19a. The visit was beneficial. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19b. The materials I received during the visit were helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19c. The visit did not interfere with the operation of my practice/facility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19d. The VFC Field Representative was knowledgeable. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19e. The written report received regarding the visit was delivered in a timely way. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19f. The written report accurately represented the findings of the visit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19g. The visit changed some of the immunization practices at my practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VFC FIELD REPRESENTATIVE ASSISTANCE

20. During the **past 12 months**, did your practice/facility call a VFC Field Representative to assist with vaccine management or other VFC situation?

☐ No (If no, please skip to question 21.)

☐ Yes (If yes, please continue to question 20a.)

| | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 20a. The VFC Field Representative's response was timely. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20b. The VFC Field Representative was knowledgeable and helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20c. The VFC Field Representative's resolution of the situation was effective. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL COMMENTS

21. Do you have any concerns or complaints about the VFC Program? _____

22. What changes or improvements (i.e. all VFC documents available online) do you suggest for the VFC Program? _____

By Friday, October 31, 2003, fax the completed survey form to the VFC's toll-free fax number:
877-329- 9832, or return it in the enclosed, postage paid envelope. ***THANK YOU !!!***